FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 462-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-12-74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 5E ; Section 27 NW¼
   Block _____ ; Lot _____ ; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 2 . Describe: _____
   Other Use _____ ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Distance to public sewer: _____ ft.

Con Uhlarik
Signature of Applicant (Owner or Lessee)

RR#1 Denton Neb
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/17/74 . Date Frwd. 6/18/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 6-18-74 . ACTION: Approved ☒ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

6-18-74

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 462-C

DATE: 6-12-74

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 5E ; Section 27 NW¼ ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential ☐ ; Commercial ☐
No. of Bedrooms 2
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Con Uhlarik
Signature of Applicant (owner or lessee)

RR#1 Denton Nebr
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: by:
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 6/17/74
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-25-77 by: James Wevertka *

* system was previously inspected but recorded on ~~6-17~~ any date jw

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 462-C

PROPERTY WHERE SOIL TESTED:
Location: Township 9 ; Range 5
Section & ¼ Sect. 27
Property Dimensions: ___ft. x ___ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Con Thibault
Address RR#1 Denton Nebr

Dates of Tests: _____ to _____. Weather: Precip. ____ Temp. ___F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
		(Rocky clay) talked to Jerry Hood											
		and he told me a percolation test											
		would not be necessary.											

Con Thibault
Signature of Person Conducting Test

Address RR#1 Denton
Phone: 797-2685

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

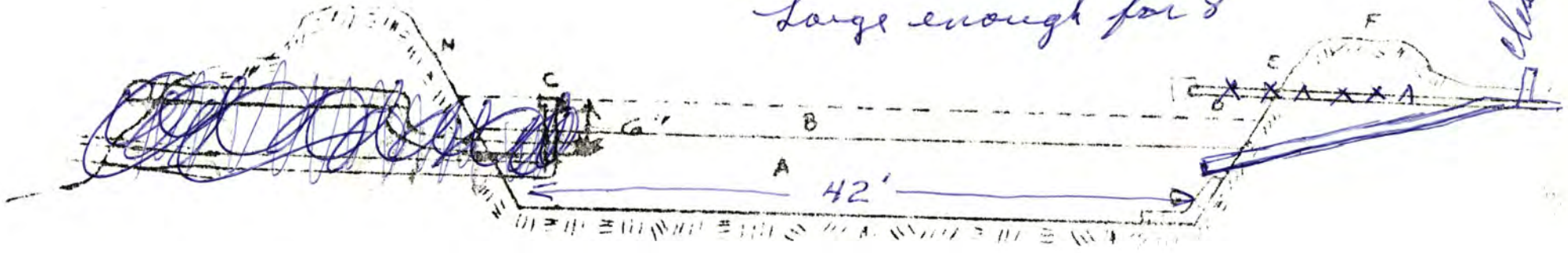
DATE: _____

_____
Signature of Reviewing Official

SEWAGE STABILIZATION POND
for
RURAL RESIDENTIAL WASTE DISPOSAL
(Proposed Interim Design)

Large enough for 8

Clean out



A. Operational depth of pond should be 3'

B. Maximum water depth should be 4'

~~C. Overflow pipe (with baffle) should be at the 4' level~~

~~D. There should be a 1' air space between the top of the overflow and the inlet~~

No overflow

E. An 18" berm should be constructed above the inlet

F. The freeboard should be at least 2' wide

G. A concrete pad should be constructed below the inlet to prevent erosion

H. The bank of the pond should be constructed with a 2:1 slope, and seeded to grass

Their lagoon will be built in Rocky clay and if it should need to be sealed at all. I will use bentonite

Con Thach

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
935 'R' STREET
LINCOLN, NEBRASKA

007

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 9405 W. YANKEE HILL RD

Twp 7N Range 5E Section 29 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1 MILE SOUTH OF DENTON ON SW 98TH, EAST 1/4 MILE ON W. YANKEE HILL RD. - SOUTH SIDE OF ROAD

Location of Well 60-75' WEST OF HOME Tap Location: Inside ☑ Outside ☐ New 2/1991

Location of Sewage System 250' NORTH OF HOME - EAST OF DRIVE Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	DON & DOROTHY WELSH	9405 W. YANKEE HILL RD	797-2028
Tenant/Buyer:	MICHAEL & SANDRA WAITMORE	1443 SIOUX	423-9741
Return to:	ROGER HARRIS	225 N. COTNER BLVD LINCOLN, NE 68505	430-6670

Signature of Applicant R. A. Harris Address ABOVE Date 3/13/96

HEALTH DEPARTMENT USE ONLY

Date Received 3/15/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/15/96

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.5 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 3/28/96 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SCREEN IS MISSING OUT OF AIR VENT ON WELL. NEED LOCK ON LAGOON GATE.

3-28-96 Repairs made. Water samples collected

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Paul Dingman Date 4/3/96

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

WATER MICROBIOLOGY

STATE LAB NO. 146-6055

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-28-96 (MO / DAY / YEAR) 10:00 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION 9405 W. Yankee Hill; Welsh

PROPERTY LEGAL DESCRIPTION: COUNTY LANC,

QRTR ____ SECT 27 TWNSHP 9 S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 N ST
LINCOLN NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

'96 MAR 29 A11:24 REPORTED

'96 MAR 28 A11:00 RECEIVED

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWB 88

WATER CHEMISTRY

STATE LAB NO. 15 1952

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

DATE COLLECTED 3 (MO.) 15 (DAY) 96 (YEAR) 2:00 P.M (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DON WELSH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 27 TWNSHP 9 N RANGE 5 E

REPORTED

RECEIVED

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.5 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

MAR 21 P2:08 '96

MAR 15 P2:30 '96

WATER CHEMISTRY

STATE LAB NO. 152147

COMPLETE INFORMATION BELOW

DATE COLLECTED 3-28-96 10:00
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION 9405 W. Yankee Hill · Welsh

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 27 TWNSHP 9 S RANGE 5 W

REPORTED '96 MAR 29 A11:24

RECEIVED '96 MAR 28 A11:00

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 N ST
LINCOLN NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

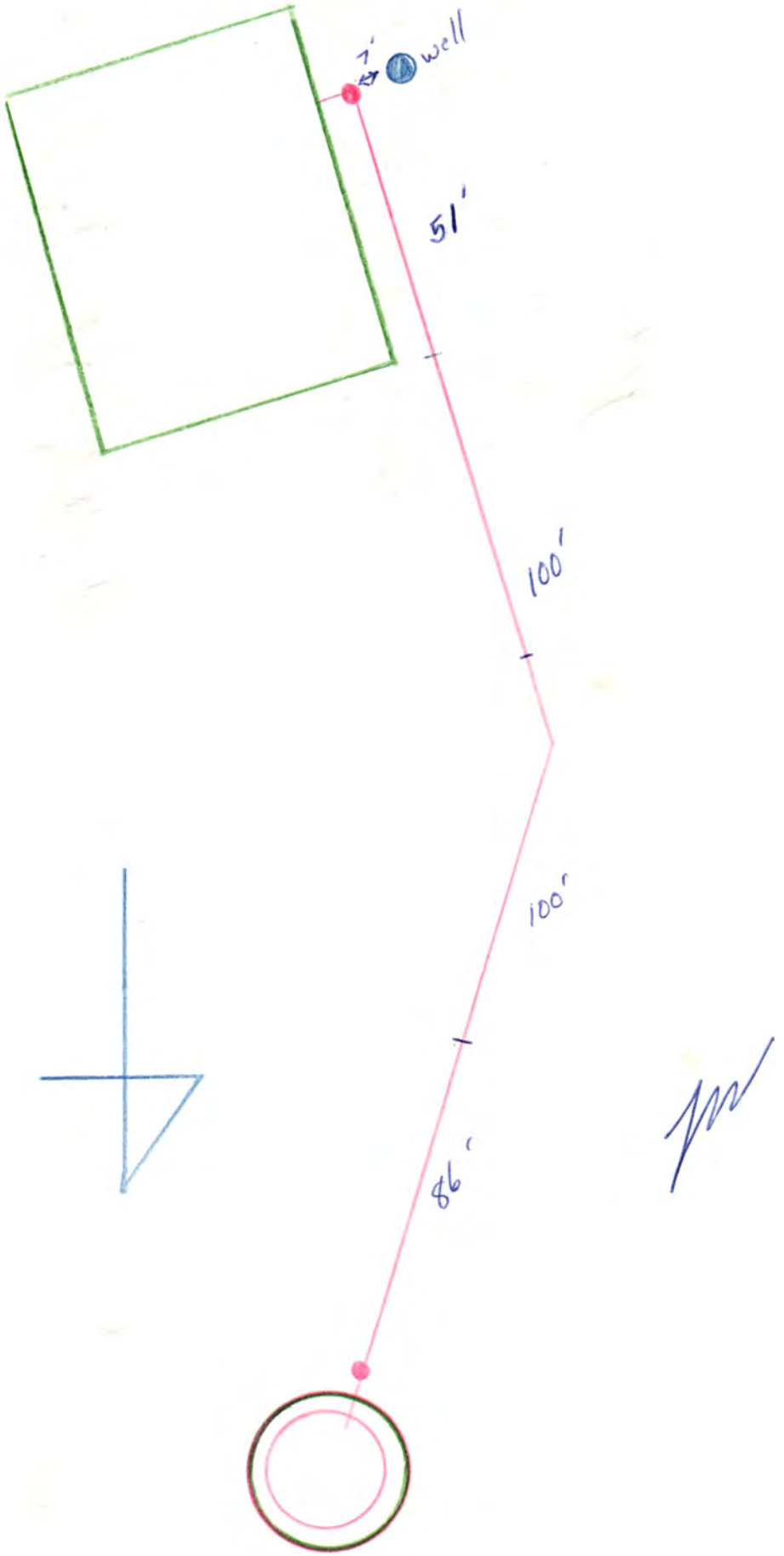
NITRATE – N less than 0.1 mg/l

Inside at tap

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88


7'
well
51'
100'
100'
86'